TJA-148US

DECLARATION/ POWER OF ATTORNEY

	JTILITY OR DESIGN	First Named I	nventor: Da	aniel BANDE MAR	TINEZ	
	ENT APPLICATION		COMPLETE IF KNOWN			
		Application Nu	mber: 10	/591,083		
	Submitted after Initial Declar	emental Filing Date:	Ац	gust 30, 2006		
With initial Filing (37 CFR 1.63)	(37 CFR 1.16 (e))	R 1.67) Art Unit:				
(57 61 1(1.05)	required)	Examiner Nam	e:			
I believe the inventor(s) sought on the invention	R ASSEMBLY OF AN AUTOMOTIVE	rst inventor(s) of the subject	matter which is claim		ı a patent is	
the specification of which	1	(Title of the Invention)	<u> </u>			
is attached her	eto			·		
OR						
	M/DD/YYYY) <u>03/01/2005</u> as United S	•				
and was amended on (Ma above identified specifica	IM/DD/YYYY) <u>08/30/2006</u> (if applicab ation, including the claims, as amende	ole). I hereby state that I haved by any amendment specif	re reviewed and unde ically referred to abor	erstand the conte	ents of the	
acknowledge the duty to	o disclose information which is materia ormation which became available bety	al to natentability as defined	in 37 CED 1 56 inch	iding for continue	ation-in-part Tinternational	
of America, listed below a	ority benefits under 35 U.S.C. 119(a)- e(s), or 365(a) of any PCT internationa and have also identified below, by che y PCT international application having	al application which designate ecking the box, any foreign a	ted at least one coun	try other than the	e United States	
Prior Foreign Applic Number(s)	cation Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached?	
200400564	SPAIN	03/01/2004			140	

Attorney Docket Number:

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint: Practitioners at Customes OR Practitioner(s) named below:	r Number <u>23122</u>				
Name		Registration Number			
as my/our attorney(s) or agent(s) to	prosecute the applicati	on Identified above, and	to transact a	all business in the United States	
Patent and Trademark Office connec	ted therewith.				
Direct all correspondence to:	Reactitioners Customer Number listed above; OR Correspondence Address Below				
Name:					
Address:					
City:	State:		Zip:		
Country:	Telephone:		Fax:		
I hereby declare that all statements medief are believed to be true; and furt like so made are punishable by fine o jeopardize the validity of the application	rier that these statement rimprisonment, or both	s were made with the known	awladaa that	verillful folog statements and the	
Name of Sole or First Inve	☐ A Petition has b	☐ A Petition has been filed for this unsigned inventor.			
Given Name (first and m		Family Name or Surname			
Daniel		BANDE MARTINEZ			
Inventor's Signature	Bund			Date: 19 09 07	
Residence: City: Barcelona	State:	te: Country: SPAIN		Citizenship: Spanish	
Mailing Address: C/Constitució, 93 -	· 10 1a				
Mailing Address:					
City: BARCELONA	State: SPAIN	Zip: 08014 Country: SP		try: SPAIN	
Additional inventors are listed	on the next page.				

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and mic	dle (if any))	Family Name or Surname		
Santiago		MIGUEL SANZ		
Inventor's Signature 600000	yw.	Date: 19-09-07		
Residence: City: L'Hospitalet de Llobregat	State:	Country: SPAIN Citizenship: Spanish		
Mailing Address: Pl. Blocs Florida no	7 1º, 2ª			
Mailing Address:				
City: L'Hospitalet de Llobregat	State:	Zip: 08906	Country: SPAIN	
Name of Third Inventor:	4 3	A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature			Date:	
Residence: City:	State:	Country:	Citizenship:	
Mailing Address:				
Mailing Address:				
City:	State:	Zip:	Country:	
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and midd	le (if any))	Family Name or Surname		
Inventor's Signature			Date:	
Residence: City:	State:	Country:	Citizenship:	
Mailing Address:				
Mailing Address:				
City:	State:	Zip:	Country:	
Additional Inventors are listed on	Supplementa	l Sheet(s).		